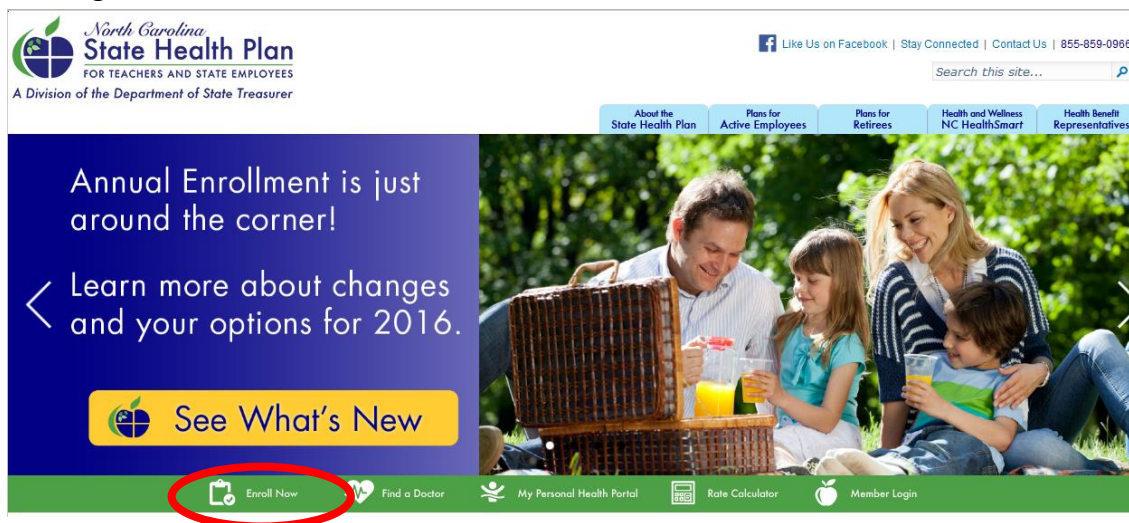


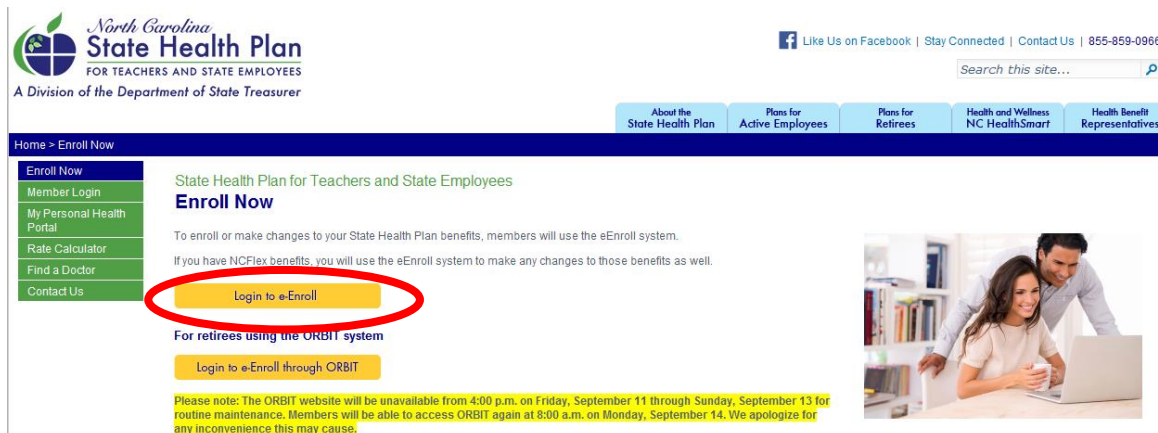
Logging into the Benefitfocus eEnroll System

BEACON employees can access the Benefitfocus eEnroll system through the **North Carolina State Health Plan** website www.shpnc.org :

This logs into the State Health Plan website. Select **Enroll Now**.



Select **Login to e-Enroll** to access the Benefitfocus eEnroll system:



Logging into the Benefitfocus eEnroll System

IMPORTANT!! Select the **BEACON** link:




Welcome to the North Carolina State Health Plan's eEnroll system!

If you are part of one of the groups below, please click the appropriate link.
If not, please login using your eEnroll username and password to the right.

State Retirement System (ORBIT)
UNC Chapel Hill and UNC General Admission
UNC Asheville
NC State University
BEACON (Click here if your agency uses BEACON)
Northeast Academy
Kipp Durham
Excelsior Classical Academy
Pioneer Springs Community School
Veritas Community School
Town of Matthews

eEnroll is used to enroll in your State Health Plan and NCFlex benefits.

 **Log in to your account**

Username*

Password*

[Reset your Account](#)

Technical Questions?
Please call 1.855.859.0966
Monday - Friday, 8:00 AM to 8:00 PM ET

Supported Browsers
[Learn about Officially Supported Browsers](#)

Upon accessing the eEnroll system, employees will need to register as a first time user, by creating a username and password. (Employees that have already registered, can log in by entering the Username & Password.) For those that need to register, Select **Create an Account**:




Welcome!

for your benefits the first time as well as make any changes thereafter. Now, instead of calling Customer Service, you can access your benefit information from the comfort of your own home any time of the day or night. With eEnroll, your benefit information is at your fingertips.

Need help using the application?

Call toll free: 855-859-0966
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET



 **Benefit Enrollment Login**

Username*

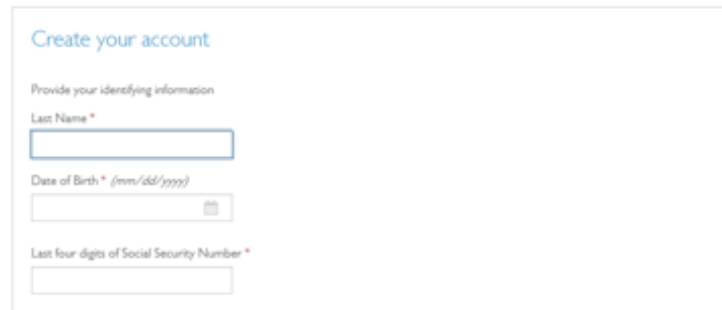
Password*

[Can't access your account?](#)
Create an account

Supported Browsers
[Learn about Officially Supported Browsers](#)

Logging into the Benefitfocus eEnroll System

To create the account, enter **Last Name, Date of Birth, & last 4 digits of SSN:**



Create your account

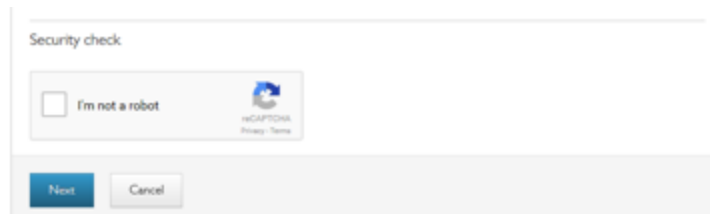
Provide your identifying information

Last Name *

Date of Birth * (mm/dd/yyyy)

Last four digits of Social Security Number *

As a security check, employees may be prompted to click in the box to indicate 'I'm not a robot': **OR** to select images as verification:



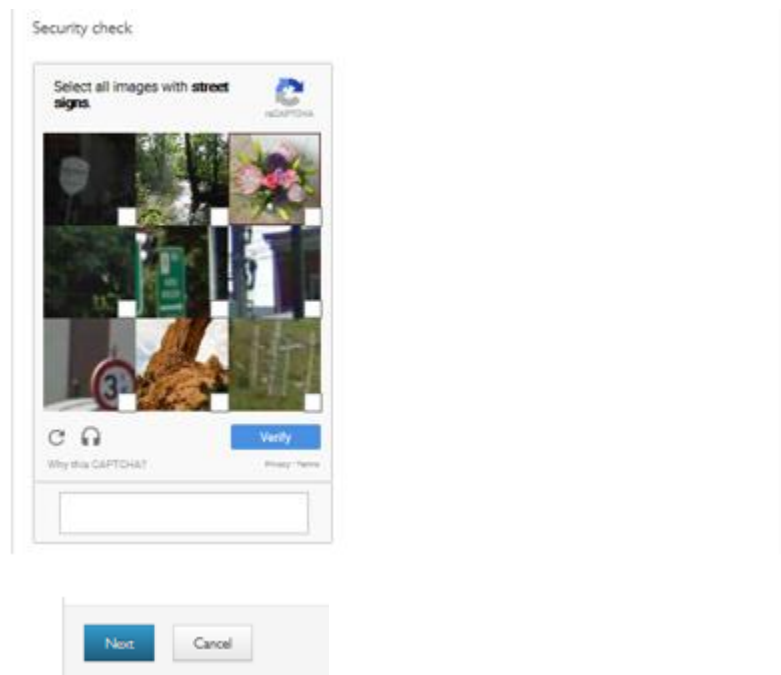
Security check

☐ I'm not a robot

Next Cancel

OR

Prompted to select images as verification:



Security check

Select all images with **street signs**

Verify

Next Cancel

Then click 'Next':

Logging into the Benefitfocus eEnroll System

Employees will be directed to **Create a username & Password & click Save:**

Register Your Account

Create your New Account by Providing the Information Requested Below

Name

Date of Birth

Zip Code

Social Security Number

Email Address

Mobile Number

* Username

* Create Password

* Confirm Password

* Secret Question 1

* Secret Answer 1

* Secret Question 2

* Secret Answer 2

* Secret Question 3

* Secret Answer 3

Cancel

Username:

- Username must be between 6 and 50 alphanumeric characters

Password:

- Must contain at least one number
- Must contain at least one upper case and one lower case letter
- Cannot contain more than two of the same characters consecutively
- Cannot be the same as the Username or SSN

Click the box for **Statement of Understanding & click Next:**

Statement of Understanding and Authorization

The Statement of Understanding and Authorization provided below only applies to the North Carolina State Health Plan for Teachers and State Employees (Plan). Important Legal Notices appear at the end of this Statement.

STATEMENT OF UNDERSTANDING AND AUTHORIZATION

I understand the benefits for which I (we) will be eligible are those described in the Plan's Benefit Booklet(s) and changes provided for therein. I certify that all statements made herein and on all sections of this application are complete and true to the best of my knowledge. I understand that the Plan may void or terminate this coverage or deny claims for coverage if incorrect information has been given on this application. If fraudulent misstatements were made, the Plan may take legal action at any time with regard to your health plan coverage.

IMPORTANT LEGAL NOTICES

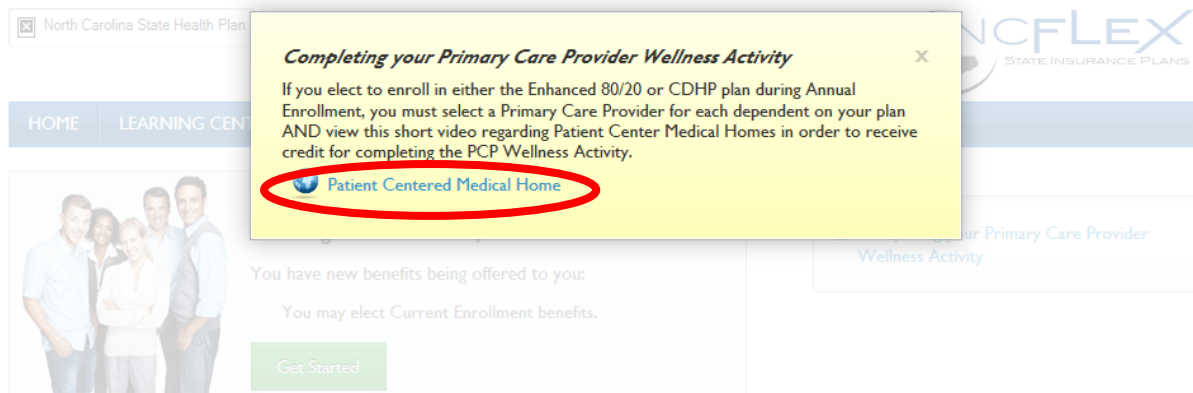
Important Notice of Special Enrollment If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance (including Medicaid or Children's Health Insurance Program (CHIP) or group health plan coverage, you may be able to enroll yourself and the dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (other than Medicaid or CHIP) or if the employer stops contributing towards your or your dependents' other coverage and within 60 days after the loss of Medicaid or CHIP eligibility. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption or foster care, except when adding a dependent child will not change your coverage type or premiums that are owed. For questions or to obtain more information, contact a Customer Service representative at: 855-859-0966.

☐ By checking the box, I certify that I agree to the above Statement of Understanding and Authorization and have read the Legal Notices.

Next

Logging into the Benefitfocus eEnroll System

This will bring the employee to the Benefitfocus eEnroll HOME page with a link to the first Wellness activity for annual enrollment. **Select 'Patient Centered Medical Home' to view a short video to receive partial credit for completing the PCP wellness activity:**



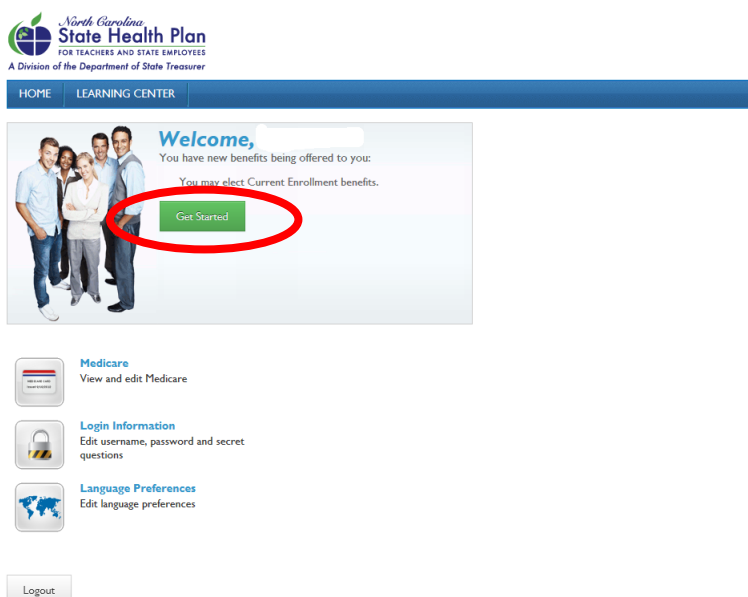
Click the arrow to begin the video:



Once completed, **click the 'X'** in the top right corner of the screen to exit the video:



To begin enrollment, **Select Get Started:**



Logging into the Benefitfocus eEnroll System

This will take the employee into the Benefitfocus system with the first option to add dependents into the system.



1 Profile — 2 Shop for benefits — 3 Confirm & finish

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

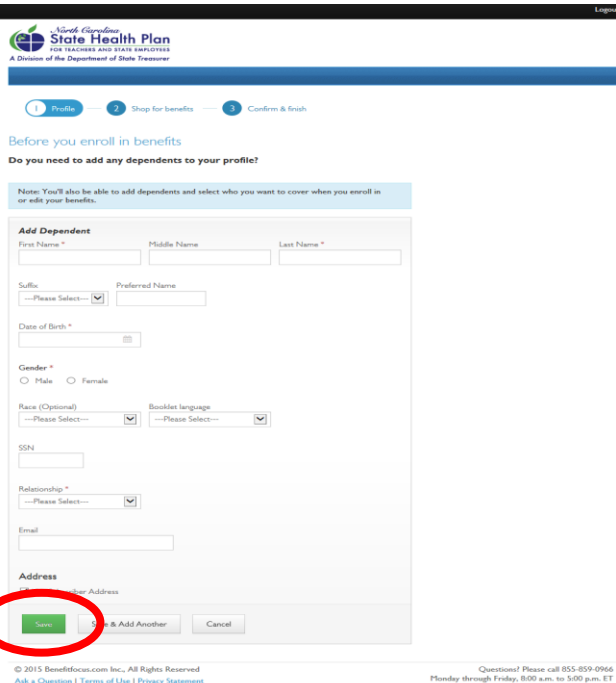
Previous

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Questions? Please call 855-859-0966
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET

Adding Dependents:

- Once logged into the Benefitfocus system, employees will have the option to add dependents into the system by clicking the **'Add Dependents'** icon.
- When adding dependent data, employees will be required to complete all fields with an asterisk (*) & click 'Save'.**
- By clicking **'Next'**, the employee can forward through to view enrollment choices.



1 Profile — 2 Shop for benefits — 3 Confirm & finish

Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

First Name * Middle Name Last Name *

Suffix Preferred Name

---Please Select--- Preferred Name

Date of Birth *

Gender *

☐ Male ☐ Female

Race (Optional) Booklet language

---Please Select--- Preferred Name ---Please Select--- Preferred Name

SSN

Relationship *

---Please Select--- Preferred Name

Email

Address

Other Address

Next & Add Another Cancel

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Questions? Please call 855-859-0966
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Logging into the Benefitfocus eEnroll System

This will take the employee into the enrollment platform.

Employees should see 2 icon options: Current Benefits & Open Enrollment

Employees should select the Open Enrollment Benefits platform to complete the annual enrollment elections.

Screen shots will be forthcoming!!

Enrollment / Plan Assistance & Reminders:

- Employees that have trouble logging in or enrolling can contact the Eligibility and Enrollment Support Center at 1-855-859-0966.
- **NC Flex** - Please remember: **Current 2015 NC Flex enrollments were NOT transferred into the Benefitfocus system for employees enrolled in the plans prior to the 9/15/15 Benefitfocus implementation.**
 - Employees can contact their Agency HBR to verify their 2015 Flex enrollments through BEACON.
 - These plans will show as 'Section Complete' and 'Coverage Declined'. This does not mean the employee's existing NC Flex elections were canceled.
 - These 2015 NC Flex plans are housed in BEACON for payroll processing and in the applicable NC Flex vendors' system.
- **State Health Plan** - Employees enrolling in the 80/20 or CDHP health plans are reminded to review or complete all Wellness Activities for annual enrollment to ensure the wellness premium credits are applied for the 2016 plan year.
 - The Tobacco Attestation must be re-completed each year.
 - The Health Assessment does not need to be completed again for any assessments completed 11/1/14 and after.
 - To complete the Health Assessment, employees must either call Active Health at 1-800-817-7044, or go online & register a userid/password in the State Health Plan's 'My Personal Health Portal' & complete the assessment online.
 - If an employee's PCP Provider name is NOT listed in the system, the employee must re-select a PCP during the annual enrollment in order to receive the PCP credit.
- Employees should be sure to print a Benefits Summary after completing annual enrollment as verification of their enrollment choices.